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Phone:	Date: September 2, 2004
Re: 09/554,844	CC:

Applicants: ZIMMER et al.
Serial No.: 09/554,844
Filed: May 19, 2000
Entitled: Analytical Test Element With a Capillary Channel
Ref. No.: RDID 0044 US
Group No.: 1641
Examiner: Padmanabhan, Kartic

Attachments:

- Transmittal Letter (1pp)
- Amendment and Reply Under 37 CFR 1.116 (11 pp)
- Change of Correspondence Address (1pp)
- Fax Transmittal (1pp)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/554,844	
	Filing Date	05/19/2000	
	First Named Inventor	Zimmer	
	Art Unit	1641	
	Examiner Name	Padmanabhan, Kartic	
Total Number of Pages In This Submission	14	Attorney Docket Number	RDID 0044 US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney - Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Transmittal Sheet (1pp)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	The Law Office of Jill L. Woodburn LLC Jill L. Woodburn		
Signature	<i>Jill L. Woodburn</i>		
Date	September 2, 2004		

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Signature	<i>Jill L. Woodburn</i>	Date	September 2, 2004

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